

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

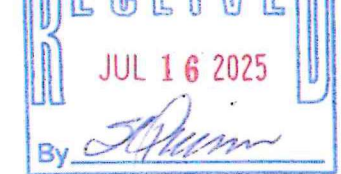
1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

6

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

7-16-2025

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Shane

R

NICKNAME

LAST

SUFFIX

Saum

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3404 American Dr. Apt 2208 Lago Vista TX 78645

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(440)

342-3723

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Shane

NICKNAME

LAST

SUFFIX

Saum

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3404 American Dr. Apt 2208

Lago Vista

TX

78645

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(440)

342-3723

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

2

19

25

THROUGH

Month

Day

Year

6

30

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11

4

25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council Place 1

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Shane R. Saum

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 2,450.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,325.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 2,321.51

4. TOTAL POLITICAL EXPENDITURES

\$ 2,321.51

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 6,003.49

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Shane R. Saum, and my date of birth is [REDACTED]

My address is 3404 American Dr. #2208, Lago Vista, TX, 78645, USA
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of TX, on the 15 day of July, 2025
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Shane R. Saum

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,321.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Full name of contributor Ches McDowell out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] Lexington NC 27295 City; State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Checkmate GR
Date 03/06/2025	Full name of contributor Stuart Wilkinson out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Atlanta GA 30342 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) PrizePicks
Date 03/07/2025	Full name of contributor Michele Maitland out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Lago Vista TX 78645 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor Craig Holzheuser out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Austin TX 78701 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CGA
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shane Saum		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2025	5 Full name of contributor Jim Schwertner out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City; State; Zip Code Schwertner TX 76563	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 02/27/2025	Full name of contributor Louie Mossos out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code Richmond VA 23219	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McGuireWoods
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shane Saum	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Payee name Vistago Print LLC	
6 Amount (\$) 1,704.94	7 Payee address; City; State; Zip Code Lago Vista TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor Office held City Council Place 1
Date 06/03/2025	Payee name BAS Custom Prints	
Amount (\$) 99.43	Payee address; City; State; Zip Code 222 E Renfro St, Burleson, TX 76028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flags
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor Office held City Council Place 1
Date 07/01/2025	Payee name Vistago Print LLC	
Amount (\$) 628.08	Payee address; City; State; Zip Code Lago Vista TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Large yard signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shane Saum	Office sought Mayor Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED